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CONFIRMATION NO. 9607

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|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER 10/728,894 | FILING DATE 12/08/2003 RULE | CLASS 716 | GROUP ART UNIT 2825 | ATTORNEY DOCKET NO. 57983.000155 |
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APPLICANTS

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** CONTINUING DATA

YES AR

This appln claims benefit of 60/475,880 06/05/2003
 and is a CIP of 10/101,211 03/20/2002
 which is a CIP of 09/651,188 08/30/2000 PAT 6,388,890
 which claims benefit of 60/212,387 06/19/2000
 This application 10/728,894
 is a CIP of 10/326,123 12/23/2002
 which is a CIP of 10/101,211 03/20/2002
 and is a CIP of 10/126,700 04/22/2002 PAT 6,545,876
 which is a CON of 09/651,188 08/30/2000 PAT 6,388,890
 This application 10/728,894
 is a CIP of 10/326,079 12/23/2002
 which is a CIP of 10/126,700 04/22/2002 PAT 6,545,876
 and is a CIP of 10/101,211 03/20/2002
 This application 10/728,894
 is a CIP of 10/407,460 04/07/2003
 which is a CIP of 10/126,700 04/22/2002 PAT 6,545,876
 and is a CIP of 10/101,211 03/20/2002
 and is a CIP of 10/326,123 12/23/2002
 and is a CIP of 10/326,079 12/23/2002

** FOREIGN APPLICATIONS

NOTE HE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/05/2004

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|---------------------------------|--|----------|---------|--------|-------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY | DRAWING | CLAIMS | CLAIMS |
| Verified and Acknowledged | Examiner's Signature Initials | CANADA | 7 | 18 | 3 |

ADDRESS

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TITLE

Contact mapping using channel routing

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|--|--|---|-----------------------------------|---|--|--|--------------------------------------|---------------------------------|
| <p>FILING FEE RECEIVED 770</p> | <p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> | <table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table> | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
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